

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

167  
124  
State File No. 124  
Registered No. 9

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Geske No. Gila County Hosp. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Robert Louis Collins  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth Jan. 3 - 1930  
Month Day Year

8. FATHER  
Full name Walter Stewart Collins  
9. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Ariz.  
10. Color or race White  
11. Age at last birthday 23 (Years)  
12. Birthplace (city or place) Cleveland  
(State or country) Ohio  
13. Occupation  
Nature of industry Newspaper reporter

14. MOTHER  
Full maiden name Lela Rosamond McBlaney  
15. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Ariz.  
16. Color or race White  
17. Age at last birthday 22 (Years)  
18. Birthplace (city or place) Goldfield  
(State or country) Calo  
19. Occupation  
Nature of industry Housewife

20. Number of children of this mother 1  
(Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1  
(b) Born alive but now dead 0  
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
I hereby certify that I attended the birth of this child, who was alive at 8:30 P m. on the date above stated.  
(Born alive or stillborn)  
Signature C. W. Adams  
Physician  
(Physician or Midwife).  
\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Given name added from a supplemental report \_\_\_\_\_ Address Box 636 Globe, Ariz.  
Month, day, year \_\_\_\_\_ Filled 2/10 1930 H. E. Wightman  
Registrar Registrar

732-103-4418